

## **APPLICATION DATA SHEET**

### **Application Information**

Application Number::	Unassigned
Filing Date::	Unassigned
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R::	
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of Copies of CRF::	
Title Line One::	METHOD AND SYSTEM FOR DISTRIBUTION
Title Line Two::	OF UNACTIVATED BANK ACCOUNT CARDS
Attorney Docket Number::	47004.00252
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	8
Total Drawing Sheets::	7
Small Entity?::	No
Petition Included?::	No
Petition Type::	
Licensed US Government Agency::	No
Contract or Grant Numbers::	
Secrecy Order in Parent Application?::	No

### **Applicant Information**

**Applicant Information**

Applicant One Authority Type:: Inventor  
Primary Citizenship:: United States  
Country:: United States  
Status:: Full Capacity

Applicant One Given Name:: Michael  
Middle Name::  
Family Name:: CLEARY  
Name Suffix::  
City of Residence:: Hinsdale  
State or Province of Residence:: IL  
Country of Residence::  
Street of Mailing Address Line One:: 5610 S. Park Avenue  
Street of Mailing Address Line Two::  
City of Mailing Address:: Hinsdale  
State or Province of Mailing Address:: IL  
Country of Mailing Address:: United States  
Postal or Zip Code:: 60521

Applicant Two Authority Type:: Inventor  
Primary Citizenship:: United States  
Country:: United States  
Status:: Full Capacity

Applicant Two Given Name:: David  
Middle Name::  
Family Name:: CLIFTON  
Name Suffix::

City of Residence:: Westerville  
State or Province of Residence:: Ohio  
Country of Residence::  
Street of Mailing Address Line One:: 6387 Lake Trail Drive  
Street of Mailing Address Line Two::  
City of Mailing Address:: Westerville  
State or Province of Mailing Address:: OH  
Country of Mailing Address : United States  
Postal or Zip Code:: 43082

Applicant Three Authority Type:: Inventor  
Primary Citizenship:: United States  
Country:: United States  
Status:: Full Capacity

Applicant Three Given Name:: Dean  
Middle Name::  
Family Name:: ILIJASIC  
Name Suffix::  
City of Residence:: Westerville  
State or Province of Residence:: OH  
Country of Residence::  
Street of Mailing Address Line One:: 5901 Torrey Pines Avenue  
Street of Mailing Address Line Two::  
City of Mailing Address:: Westerville  
State or Province of Mailing Address:: OH  
Country of Mailing Address : United States  
Postal or Zip Code:: 43082

Applicant Four Authority Type:: Inventor  
Primary Citizenship:: United States  
Country:: United States  
Status:: Full Capacity

Applicant Four Given Name:: David  
Middle Name::  
Family Name:: COHEN  
Name Suffix::  
City of Residence:: New Albany  
State or Province of Residence:: OH  
Country of Residence::  
Street of Mailing Address Line One:: 4323 Olmsted  
Street of Mailing Address Line Two::  
City of Mailing Address:: New Albany  
State or Province of Mailing Address:: OH  
Country of Mailing Address : United States  
Postal or Zip Code:: 43054

Applicant Five Authority Type:: Inventor  
Primary Citizenship:: United States  
Country:: United States  
Status:: Full Capacity

Applicant Five Given Name:: Kristine  
Middle Name::  
Family Name:: RODGERS  
Name Suffix::  
City of Residence:: Greenville

State or Province of Residence:: DE  
Country of Residence::  
Street of Mailing Address Line One:: 703 Westover Road  
Street of Mailing Address Line Two::  
City of Mailing Address:: Greenville  
State or Province of Mailing Address:: DE  
Country of Mailing Address : United States  
Postal or Zip Code:: 19807

### **Correspondence Information**

Correspondence Customer No.: 21967  
Name:: Hunton & Williams  
Street of Mailing Address Line One:: 1900 K Street, NW  
Street of Mailing Address Line Two::  
City of Mailing Address: Washington  
State or Province of Mailing Address:: District of Columbia  
Country of Mailing Address:: United States  
Postal or Zip Code:: 20006  
Telephone Number:: 202-955-1500  
Facsimile Number:: 202-778-2201  
E-Mail Address::

### **Representative Information**

Representative Customer Number:: 21967

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country:	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee Name::

Street of Mailing Address Line One::

Street of Mailing Address Line Two::

City of Mailing Address::

State of Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code::